

RESULT FOR OFFICIAL CORRESPONDENCE ADDRESS

Effective Date _____

NAME _____ (Please print)

SSN XXX-XX- _____

Region SZ
Subbureau 00
Block _____

_____ New Employee Entered on Duty _____
(date)

I. OFFICIAL CORRESPONDENCE ADDRESS - Used to mail Wage and Tax Statement (W-2), and other official correspondence.

Street/Apt/P.O. Box _____

City/State/Zip _____

II. WORK LOCATION *(Optional)*

Mail Stop _____

Telephone _____

III. BOND ADDRESS

_____ Change Bond address to Official Correspondence Address - recorded in section I above.

(NOTE: If Bond is to be sent to a different address, complete Bond Form, SSA-357)

IV. STATE/LOCAL RESIDENCE INFORMATION - This data will *not* be used for state/local tax calculation purposes. State/local tax authorization forms *must* be submitted for proper deductions.

City _____ County _____ State _____

EMPLOYEE SIGNATURE _____ DATE _____

NOTE: Information on this form is protected by the Privacy Act. Disclosure may be made only to authorized persons according to Title 5 U.S.C. Section 552a and for uses described in Systems of Records Notice Interior/OS-85.